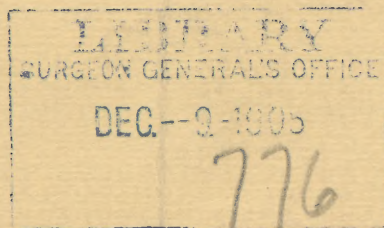


Appendicitis FOWLER (G. R.)

THE DISCUSSION UPON APPEN-
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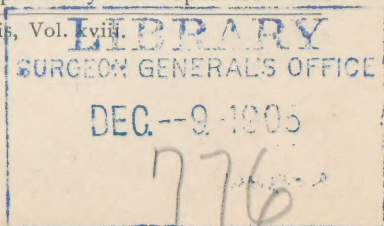
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In a series of successive meetings the Surgical Society of Paris discussed the treatment of appendicitis at length.¹ The discussion was chiefly of a clinical character. The consensus of opinion pointed to the great probability that inflammatory conditions in the right iliac fossa, in the majority of instances, had their origin in the appendix vermiformis; perforation of the latter, however, it was claimed, does not occur in all instances. Moty and Marchant held that it was possible for a genuine primary typhilitis to exist and go on to perforation, the appendix remaining intact. Under these circumstances the inflammatory swelling or tumor is located close to the iliac spine, while that originating in the appendix itself occupies a point midway between the iliac spine and umbilicus. These differential points are utilized in distinguishing between the two. Likewise when the disease originates in the cæcum the inflammation is more of a phlegmonous character, while that having its origin in the appendix partakes more of the character of a peritoneal inflammation.

Here is an indication pointing to the fact that the French surgeons depend upon the presence of a *tumor* in making the diagnosis of appendicitis. While the existence of a tumor is quite suggestive of an appendical abscess, yet when the disease has reached this stage, the surgeon who has had much to do with these cases realizes that the golden moment for a perfectly safe operation has

¹ Bull. et mém. de la soc. de Chir. de Paris, Vol. xviii.



passed, and that, when he makes the necessary operation for the evacuation of the pus he will be confronted with conditions which may prevent him from making a complete and satisfactory operation, i. e., the removal of the appendix, and compel him to substitute a but half-hearted and incomplete endeavor for a typical procedure on the one hand, or incur risks which he feels could have been avoided, and which fill him with dread and misgiving for days to come, on the other.

Nelaton pointed to the fact that the perforation very frequently occurs posteriorly, and therefore, prefers in making the incision, to place the latter rather in a position laterally and posteriorly than anteriorly and toward the median line.

The question of recurrent appendicitis was discussed by Terrier, Richelot and Delorme, who were inclined to attribute to these a tubercular origin. In those in whom no tubercular disease was found elsewhere, it was urged that early removal of the diseased focus was necessary to prevent general infection. Richelot and Delorme quoted cases in which the operation had been performed with this in view.

In view of the fact that neither microscopical nor bacteriological proof was obtained that these cases of supposed tubercular appendicitis were of tubercular origin, the experiences bearing upon this point were quite valueless. Terrier, however, communicated the details of a case which was undoubtedly of the character in question, the presence of the bacillus tuberculosis being indisputably demonstrated. While no better treatment than removal of the appendix could possibly have been instituted by Richelot and Delorme, yet a strange and anomalous condition appears when the former surgeon, having in one portion of the discussion placed himself on record as advocating early operation when the case is tubercular in character, later on appears as one of those who favor the opium treatment, when the disease is due to other causes. In other words, the remote possibility of general tubercular infection from the appendical focus is kept in sight, and preventive measures advocated bearing upon this possibility while the very great probability of perforation and immediate and fatal septic peritonitis in cases due to the infection of the bacterium *commune coli* or other irritating causes is completely ignored!

In the matter of diagnosis, some peculiar and interesting experiences were related, showing what difficulties may stand in the way of a proper appreciation of the true condition of affairs, in cases of supposed appendicitis. The most striking of these were those of Richelot and Dieu. The former related a case of a nineteen-year-

old girl who was supposed to be suffering from tubercular appendicitis, in whom evidence of tubercular disease elsewhere existed. Microscopical examination of the tumor and two lymphatic glands removed showed the specimen to be a tubular epithelioma. Dieu's case was likewise unique: A patient presented a perfectly typical picture of recurrent appendicitis. The abdominal section revealed an enormous cavity in the right iliac region, which was filled with blood coagula and recently effused venous blood. A slight rupture of the muscular tissue in the ileo-psoas mass was found to be the source of the hæmorrhage. The patient was a "bleeder," and a fatal result followed from excessive loss of blood. The post-mortem revealed only what was found during the operative procedure.

The indications for operation also received a fair share of attention. The views advanced by the surgeons present differed somewhat upon the point of operative interference. While the latter is advocated under conditions in which a tumor containing pus is present, rupture is imminent, or general peritonitis is present from rupture having already taken place, the advocates of *early*, that is to say *preventive*, operation were certainly in the minority. The French surgeons have evidently not yet awakened to the importance of the subject. Like their American and German confrères they will become more and more convinced, as the years roll on, with the terrible mortality from this disease, that a patient with appendicitis is in a far safer environment under the knife of a skillful and conscientious surgeon, than in the presence of all the uncertainties and dangers of a momentarily to-be-anticipated rupture of either an unprotected appendix, or an appendical abscess.

Among the advocates of early operative interference may be mentioned particularly Reclus and Schmit, of Versailles. Even these surgeons look upon the appearance of a tumor as a sufficiently early indication for the operation. The first named would operate in the presence of a tumor, even though the latter was actually decreasing in size. He argues that the presence of a tumor always means the presence of pus, and even though this apparently disappear, yet there is sufficient infection remaining to initiate a fresh inflammatory condition. This may be repeated three or four times, each time recovering under treatment by opium, until at last the patient suffers an attack in which rupture takes place and he is lost. In all probability, in each one of these attacks, one or another physician records the case of this unfortunate patient as one cured of appendicitis by the opium treatment, until he is "cured" once too often in this manner, and lays down his life as

a sacrifice to the ignorance, stupidity and carelessness of his attendants.

On the other hand there developed, in the course of the discussion, as before intimated, a very decided opposition to even so early an operation as that advocated by Reclus and Schmit. Berger, Moty, Marchant, Richelot and others evidently still cling to the fallacy that opium *cures* appendicitis. They quoted cases thus supposed to be cured, even after the indubitable presence of pus, as an argument, on the one hand, in favor of the opium treatment, and on the other cited examples of recurrences of the disease, despite operation, followed by a fatal result.

It would appear, therefore, from this that the operative procedure as instituted, related solely and entirely to the evacuation of the pus. It is to be regretted that a sufficient boldness has not yet found its way into the French surgical mind to impel what may be considered a really *early* operation, i. e., an operation performed before the occurrence of a tumor and before the existence of pus; hence, an operation which shall be, in the true sense of a conservative operation, and one which shall rid the patient once for all of the source of his frequently returning peril. Appendicectomy will be the operation of the future, and the mere opening of an abscess looked upon as a rather unfortunate termination to a case of appendicitis, much less a "cure" by opium. Those who delude themselves with the belief that they have cured appendicitis by means of opium, should reflect and ask themselves whether or not the patient really has not rather unexpectedly escaped death, and no thanks to his medical adviser. On the other hand, who can ever tell of the thousands and thousands who, either from a mistaken diagnosis or criminally ignorant therapy, have been soothed with a sense of false security until the septic matter has invaded the peritoneal cavity and found its way into every interstice; when the convenient opium pill no longer calms the pain, and, finally, the ever-present hypodermic syringe is called into requisition to tide them over and beyond the dark valley of the shadow. Again and again are we asked to operate as a last resource in cases in which the contracted pupil and the skin drenched with perspiration, blue finger nails, congested skin, small and flickering pulse and finally bulging and tympanitic abdomen give the lie direct to the attending physician's statement of only a few hours ago that the patient was "doing well." The day will surely come when those who permit patients to reach this extremity under the delusion produced by opium and an over-weening confi-

dence in the *vis medicatrix naturæ* will be called before the bar of professional opinion and asked to give an account of their stewardship.

Already the public are beginning to appreciate the importance of the subject. It is no uncommon thing for laymen to inquire with some anxiety of their medical attendant, if their disease is not located in "that place where lemon pits lodge," and if some operation will not be necessary for their relief. It not seldom happens that a surgeon is called in because of a demand on the part of the patient, and in the face of an unwillingness to admit the possibility of the necessity for an operation, on the part of the medical attendant.

The discussion before the Paris Surgical Society was as barren of anything of importance in the way of operative technique as it was of a proper appreciation of what the exigencies of the disease called for from the therapeutic standpoint.

The suggested procedure of Nélaton, of making the incision a latero-posterior one because of the frequency of a posterior perforation, would be worthy of consideration were it not for the fact that advanced surgeons operate to-day for a removal of the appendix as much as for the evacuation of the pus. The incision of Sands, along the outer border of the right rectus muscle, therefore, or in case of doubt as to the intra-abdominal conditions, the median incision, appeals strongly for preference.

Take it all in all, therefore, this discussion upon appendicitis before the Surgical Society of Paris is far below the average quality of work put forth by that distinguished body. The opinions held and views expressed, to American readers, savor strongly of those held and advanced in this country at least a decade ago. Between the least advanced who still cling to the opium delusion, and those most advanced, who have progressed no further than to insist that operative procedure must be instituted when a tumor is present, there is, to be sure, much to choose. That there is much need for missionary work, both abroad and at home, is only too true, but after following up the lines taken by this discussion to their utmost limits, the conviction is forced upon one that our French neighbors have either not been accurately reported, or have drawn about themselves a cloak of so-called, but misnamed, conservatism, which it would be well for them, as viewed from the American standpoint at least, to shake off.

